

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Johnathon Fitzgerald Steckley

(In the space above enter the full name(s) of the plaintiff(s).)

17 5274

- against -

Berks County Jail System

Wooden Justice Building

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Johnathon Steckley
ID # 17-3319
Current Institution Berks County Jail System
Address 1203 County Welfare Road
Leesport PA 17033

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks County Jail System, 1287 County
Welfare Road, Leesport PA, 19533

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Official Oppression, Willful Misconduct, etc

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Berks County Jail System, 1287 County Welfare Road, Leesport PA

1. Which claim(s) in this complaint did you grieve? ALL

See exhibits 1 & 2 on white paper

2. What was the result, if any? Some were attended to while most were denied or blatant disregard

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I've exhausted all

administrative remedies. The Warden has
answered most and even sent copies to her
legal team.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Some forms, reports, logs were confiscated by S.C.G. members during "search" at my cell while I was not present but I have requested copies of video footage from incidents and "searches" to be retained for evidence

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like the courts to put an injunction on the B.C.J preventing them from housing us inmates, especially pre trial

detainees such as myself in these overall conditions as they amount to punishment and cruel and unusual punishment for sentenced inmates. An injunction preventing BCS from feeding these meals as punishment. I would like at least 1 (one) hot meal in summer and (two) hot meals in winter. I would like to keep our mattresses. I would like proper Mental Health treatment. I would like cells with mold eradicated and cells with plumbing issues fixed. I would like to discontinue use of the B.A.U. I would like any officers involved with the use of excessive force reprimanded and properly trained. - I would like a total of 75k for the overall conditions as they caused irreparable harm physically and mentally. 15k - food on wall, 15k - mold, 10k - lights, fees, 10k - Plumbing, 5k, 7.5k - sleeping on ground, 10k - showers/hygienic, 7.5 - food. All of the above has caused some kind of physical pain and suffering and Emotional Distress. They are clearly acts of Willful Negligence, Willful Misconduct, Intentional Infliction of Emotional Distress, etc... I would like a total of 80k for the overall treatment by the staff (40k - Official Oppression & Harassment, 5k - 1st use of force while I was incarcerated, 2.5k - second use of Force while I was non-combatant, 10k for PREA violation by stripping me and parading up and down block naked.) All of these incidences involved physical and emotional Abuse as staff knew prior to all of this I am mentally ill with PTSD. All together a Grand Total of 155k for collection of Abuses.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
- If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____
- _____
- _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court?

Yes ☒ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Jonathan Fitzgerald Steckler

Defendants Philadelphia Prison System/Tyone Glover

2. Court (if federal court, name the district; if state court, name the county) Philadelphia

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit May 15, 2015

6. Is the case still pending? Yes ____ No ☒

If NO, give the approximate date of disposition Oct 2016

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settlement
- _____
- _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of September, 2017.

Signature of Plaintiff

Inmate Number

Jonathan Steckler
17-3319

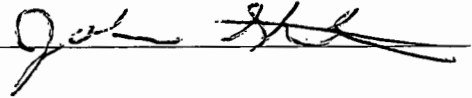
Institution Address

Berk's County Jail System
1237 County Welfare Road
Leesport, PA 19533

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of September, 2017, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:



Dear Mr. Kune,

10/15/17

My name is Johnathon Stackley (B.C.J # 17-3319) and I am currently incarcerated in the Berks County Jail System located at 1287 County Welfare Road, Leesport PA, 19535. I am writing you in regards to the "issues" the prison are presenting me with in trying to state my claims against them. I've been trying (in fact at least 3-4 separate instances) to have my In Form, Pauper's Form certified only to have an excuse on why it can't be done or to submit the completed form so they can certify and mail it out themselves. All completed forms including the complaint itself!

I have also asked for an account statement but have been denied this as well although the last time they allegedly attached a copy but it somehow got "lost" before it was delivered!

There are no windows on my cell door other than a slot for food and a slot for the C/O's to open and look in. The latter being 6x3 inches so I really can't say who is who or see what is happening out of my cell. I say that to say this; other than video footage (which I have requested copies be retained for evidence) or misconduct reports in which some officers names are recorded. I cannot give the exact defendants in my complaint and obviously you can see where this is needed as I cannot file a complaint without a defendant! I have requested Use of Force reports but to no avail. The officers involved had ski masks on so I couldn't identify them by facial recognition either side.

I am requesting that Court orders be drawn up enforcing my right to this information for my own personal records as to account statement and the incident reports including all

of the names of the officers involved in the 2 (two) Use of Force incidences. I am also requesting a court order forcing the prison or rather the eligible staff to certify my In Forma Pauperis Form.

If this cannot be done please explain to me how I may accomplish this. Thank you for your time and effort!

Respectfully Submitted,

Johnathon Steckley

J. 

• On June 20th 2017 I was issued a misconduct report and transfer to D-block cell #13 subsequently known as "the hole". From this day until July 27th 2017 I was fed nutri-locat 3 (three) times daily for breakfast, lunch and dinner. Since July 27th 2017 myself and the majority of the inmates have been fed 3 cold meals a day. A high carb diet consisting of cold cereal (breakfast), bologna and cheese (lunch and dinner) and an assortment of bread, apples, bananas and oranges. This "food" is fed to us out of a wax sandwich bag including the cold cereal.

• During our first 7 (seven) days (prior to a determination of guilt by a fair and impartial hearing officer) inmates such as myself a pretrial detainee are stripped of our mattresses daily. Even after placing this facility and it's medical staff on notice of previous back injuries and surgeries starting June 20th 2017 and numerous instances after I was stripped of my mattress for 7 days at a time.

• I have been afforded 2 showers weekly
• I have mental health issues and am not receiving proper treatment
• I am forced to "sleep" with a light on in my cell 24 hours a day, 7 days a week

• I am locked in my cell 23 hours a day
• I am forced to live with black mold, walls falling down, leaking toilet, clogged sink, feces on walls, insects and vermin in and out of my cell and lead paint on the walls

• Between June 30th 2017 and September 20th 2017 I was continuously harassed by members of the S.O.G. (Special Operations Group) as they "searched" my cell every time I was not present; sometimes twice in less than 24 hours and or 4-5 times within a 7 day span. During these "searches" legal documents including prior grievances

report logs of dates, times, and whom (was involved in violations against myself and or other inmates) were taken from my cell.

- After being moved to the BDU (Behavior Adjustment Unit) on D-block on July 13th 2017 I've been forced to sleep on a concrete slab protruding from the concrete floor which essentially makes it a part or rather an extension of the floor leaving me susceptible to the attack of insects and or other bugs/varmin.

- There are no emergency call buttons for direct contact with staff for individuals with mental or health issues such as myself (Epilepsy)

- There are no fire sprinkler or smoke detector systems

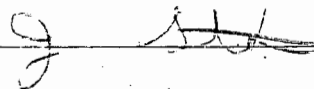
- On August 1st 2017 I was assaulted twice including between 4-4:30 am during which officers in ski masks sprayed me multiple times with OC while my back was to them and I was not posing a threat. Afterward I was paraded up and down D block completely naked, then dropped naked and soaked on the concrete floor of cell # 117 on D-block. I was refused a shower.

- Although I complain about constipation, stomach cramps, and other discomfort not to mention weight loss due to the diet of bologna and cheese for the past 101 days I am still forced to eat this diet or starve

- I am writing this complaint as a collection of issues and violations of my rights over the past 130 days.

Respectfully Submitted

Jonathan Steckley



Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 9/28/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Is it not my right to not know the exact details of any account that bears my name? Is it not my constitutional right to know how my monetary funds are being handled by the trustee (BC) - this facility) appointed to do so?

FOR ADMINISTRATIVE USE ONLY

Grievance Response: Recd 9/29/17 - Need grievance response to review. JRD
You should be keeping track of deductions such as newspaper, hearing fees, medical, etc. You've had had deposits also and can check your current balance using your PIN# on the telephone. Since you are in D-Unit, I will give you your balance as of 10/5/17 = \$26.06. Your last (2) transactions were \$1.61 deducted for postage + \$20.00 added by D. Simmons. I am extending the deadline for further response to review this further JRD 10/10/17. I have attached your transactions which should give you the ability now to continue to track future transactions.

Grievance Answered By: JRD Tangley **Date** 10/10/17

Sr Staff App #
Grievance # 1438-17 **Date Posted** _____
Copy of Act statement to Inmate, Text File attached to this and to me. JRD
Original: Treatment File **Canary: Return to inmate with response** **FORM# REC120 (REV 2/10)**

BERKS COUNTY JAIL SYSTEM INMATE COMMUNICATION FORM

Inmate Name: John Steckley BCJ #: 17-3319 Unit/Cell #: D-119 Date: 9/30/17

TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

<input type="checkbox"/> Booking/Mail/Property	<input type="checkbox"/> Custody	<input checked="" type="checkbox"/> Inmate Accounts	<input type="checkbox"/> Medical	<input type="checkbox"/> Warden
<input type="checkbox"/> Chapel	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Telephones	<input type="checkbox"/> SOG Commander	<input type="checkbox"/> Other
<input type="checkbox"/> Commissary	<input type="checkbox"/> Education	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Treatment	

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

This is the only sheet/document that comes with this Form. This is the In Forma Pauperas Form and I do not need to complete it for you to authorize/certify it and what's in my account! It has my name/info!

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: [Signature]

RESPONSE:

Completed paperwork with Addressed Stamped Envelope must be forwarded to the Inmate Account Office.
Certification is then completed and MAILED OUT

Date 11-5-17 Staff Member (Print) DAKOCH and (Sign) [Signature]

CC: _____

Appeal #
1439-17BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

! WARDEN!

Inmate Name John SteckleyBCP# 17-3319Cell D-119Date 9/28/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Does your "Handbook" over ride the decisions of the United States Supreme court? If so what security "issue" would there be by allowing myself or an inmate block representative to witness a "security search" of my cell? If I came in with no contraband, have never received a misconduct for contraband and have had my cell "searched" less than 24 hrs prior to a new "search" by the same individuals and there are multiple other cells on the block that haven't been "searched" not to mention no plausible reason ^{to search} other than official oppression and harassment ^{willful misconduct} among other injuries, please explain why this is done?

FOR AMINISTRATIVE USE ONLY

Grievance Response: Received 9/29/17 -- need grievance response to review. We have responded to this previously. Your cell + property is subject to search even in your absence. If you are missing an item or certain items, outline what the items are or were at the meantime, I will check with staff if any specific items were removed. As of 10/5/17, need further time to respond fully. 10/6/17 - AFTER Further review, nothing was removed from your cell.

Grievance Answered By: CSW SMITHDate 10/6/17Grievance # App #
1439-17Date Posted 10/6/17

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John Steckley BCP# 17-3319 Cell D-119

Date 9/30/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

I have been fed lunchmeat (bologna for the most part) 2x a day and cold cereal with a low-fat milk every day since 7/27/17 making 3 cold meals daily. Low fat milk contains more carbs than whole milk and the 8 slices of bread daily not to mention all of the cheese and cereal grains are main var ints in helping Obesity. All of the carbs become sugar and this contributes to Diabetes! Not only am I worried about contracting Diabetes as it runs in my family but due to my less-than fair health, I'm worried about my and all future health-related issues! I've been placed on laxatives to help with bowel-movements and yet I still suffer! I have a lot of time left in the BAU (disciplinary) and that is a lot of time to worry about more health issues. Is it humane to feed someone bread and water 3x daily?

FOR AMINISTRATIVE USE ONLY

Grievance Response: Mr. Steckley - you have bloodwork ordered in the near future!

Grievance Answered By: Matthi R. Montero HSA Date 10/4/17

Grievance # 1464-17

Date Posted 10/4/17

BERKS COUNTY JAIL SYSTEM INMATE COMMUNICATION FORM

Inmate Name: John Steckley BCJ #: 17-3319 Unit/Cell #: D-119 Date: 9/28/19

TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

<input type="checkbox"/> Booking/Mail/Property	<input type="checkbox"/> Custody	<input type="checkbox"/> Inmate Accounts	<input type="checkbox"/> Medical	<input checked="" type="checkbox"/> Warden
<input type="checkbox"/> Chapel	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Telephones	<input type="checkbox"/> SOG Commander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Commissary	<input type="checkbox"/> Education	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Treatment	

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

Prior to this form I notified this facility that I would be willing to represent Chris Cataldi (cell #124, D-block) during his upcoming hearing and any future hearings due to him being severely mentally disabled. If an individual is mentally disabled - does not the law afford that individual a representative? what is the definition of a representative? If an individual cannot defend themselves due to some kind of handicap does not the law or even society provide this individual some other recourse or remedy for a proper defense?

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: [Signature]

RESPONSE: _____

NOTED

Date 10/6/17 Staff Member (Print) CDW SMITH and (Sign) [Signature]

CC: Legal

BERKS COUNTY JAIL SYSTEM
REPORT OF INSTITUTIONAL CLASSIFICATION COMMITTEE 30-DAY HEARINGS

Inmate Name	BCJS	Cell	Status
Steckley, Johnathan	17-3319	D-119	DIS

HEARING DATE: 7/27/17**INMATE PRESENT:** YES /NO**ICC MEMBERS PRESENT**TREATMENT SUPERVISOR:
J. CollinsCUSTODY SUPERVISOR:
Capt. CastroMEDICAL REPRESENTATIVE:
S. Swartley**INMATE'S ORAL STATEMENT:**

Inmate stated that he is living in unsanitary conditions, the cells are falling apart, there is feces on the walls and the toilets are falling apart. Inmate said that he has mental health issues and seizures and he gets delusional. Inmate also said that he is fasting & not taking medication until Saturday. Inmate asked for a behavior contract.

DECISION OF THE ICC COMMITTEE:

Inmate was told that he needs to maintain stable behavior & be on his medication in order to receive a contract because he needs to show that he is capable of managing his behavior.

- ☒ NO CHANGE IN CURRENT STATUS
☐ CHANGES MADE BY ICC ARE STATED ABOVE

**SPECIAL
 RECOMMENDATIONS:** _____

ORIGINAL: INMATE'S PERMANENT FILE

COPY: INMATE

The first step binds one to the
 second

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

ATTN: WARDEN

Inmate Name John SteckleyBCP# 17-3319Cell 117Date 7/31/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

If this were to address 1 concern I'm sure it would not make anyone blink but I'm bringing up the overall accumulation of the conditions stated below.

Nutri-leaf 5 days pw, 2x's pd, Now Bala 7x's pw at least 2x's pd since 7/27/17, No sprinkler system or call button causing unnecessary risk to your charges including myself, a pre-trial detainee with documented medical and mental issues. Lights on 24/7 causing Intentional/Ally of Emotional Distress, cells falling apart, playing on a concrete slab 15 hrs pd, showers twice pw, dirty cells with phreies on walls, leaking toilets and lack of cleaning supplies. No sheet exchange, maddes everywhere ~~go~~ go, blocked slots so we can't see, charging \$3 per day, selling unpacked items on commissary and pre-trial detainees locked down.

FOR AMINISTRATIVE USE ONLY

Grievance Response:

Only one issue per grievance form please. Re-submit your complaint in separate grievances so they may be addressed appropriately and timely.

Grievance Answered By: Cpt. CastroDate 8/1/17Grievance # /Date Posted /

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119
 Date 8/5/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☒ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

During 1 of the "cell searches" or "extractions" against me, the log of the times and dates of which I asked for grievances of put documentation in pertaining to the treatment of myself and other inmates at the facility. As well as my documented weight!

FOR AMINISTRATIVE USE ONLY

Grievance Response: This makes no sense. Resubmit with more clarity.

Grievance Answered By: Cpt. Castro Date 8/8/17

Grievance # /

Date Posted /

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/26/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☒ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

I can not see out of my cell but it has been brought to my attention that some of the on duty officers have been reading my grievances before placing them in the proper box. Please investigate and reprimand all guilty parties involved as we inmates are held accountable for rule violations and even when innocent! Willful Misconduct! Inmate's other Torts!

FOR ADMINISTRATIVE USE ONLY

Grievance Response: You must provide details to include: names, dates, and times, so that I can better address this.

Grievance Answered By: LT. H. [Signature] Date 8/29/17

Grievance #

Date Posted

DISCIPLINARY HEARING POSTPONEMENT NOTICE

6

Inmate's Name: Steckley, Jonathan

BCJS #: 2017-3319

Unit/Cell #: D-113

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

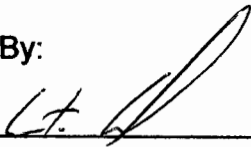
Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7/12/17	1845	Class I, 154 Refusal of Orders Class i, 156 Threats Class II, 204 Uncooperativeness Class II, 251 Abusiveness Class II, 253 Harassment	Zema

Reason for Postponement: Mental Health Review

Delivered By:

Sign:



Print: Lt. A. Weber

Date: 7/13/2017 10:42

CC: ☐ Disciplinary Packet☒ Inmate

MISCONDUCT CITATION

Inmate Name James, Thomas (12/27/19) Date 12/2/19
Incident Location 218 Time 1

Citation

Class	#	Offense	Class	#	Offense
18	191	Truck	18	191	Truck
19	191	Truck	19	191	Truck
20	191	Truck	20	191	Truck

Officer Report

[illegible]

Officer Signature

Actions Pending Disposition

- ☒ Subject Locked In Own Cell.
☐ Subject Transferred To _____.
☐ Subject Removed From Job Assignment.

- ☐ Warning Is Issued
☐ Material(s) Confiscated
☐ Other Action _____

Witnesses

2010-11-11	

Inmate Notification

Copy Delivered To Inmate By

Name James V. Johnson Date 7-17-17 Time 1:55

Staff Witness _____

Inmate Signature _____

(Acknowledges Receipt of Copy)

Supervisory Review

Shift Commander Signature _____

- ☐ Informally Adjusted
☒ Referred To Disciplinary Committee
☐ Notation _____

DISCIPLINARY HEARING POSTPONEMENT NOTICE

Inmate's Name: Steckley, Jonathon

BCJS #: 2017-3319

Unit/Cell #: D-119


This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-13-2017	0800	Class I, 154 Refusal of Orders Class i, 156 Threats Class II, 204 Uncooperativeness Class II, 251 Abusiveness Class II, 252 Disturbance	Umbenhauer

Reason for Postponement: Mental Health Review

Delivered By:

Sign: 

Print: VanBilliard

Date: 7/14/2017 11:46

CC: ☒ Disciplinary Packet

☒ Inmate

Berks County Jail System

MISCONDUCT CITATION

9

Inmate Name Steckley, Jonathan Unit/Cell# d-113
 Incident Date 7-13-17 BCJS# 2017-2319
 Incident Location cell hallway Incident Time 0800
 Date Citation Written 7-13-17 Time Citation Written 0840

Citation					
Class	#	Offense	Class	#	Offense
I-B	154	Refusal of orders	II	251	Abusiveness
I-B	156	Threats	II	251	disturbance
II	204	Uncooperativeness			

Report: Inmate Steckley, Jonathan is being cited with the above offenses. At approximately 0800 a security search of his cell d-113 was conducted by operator zero and I. During this search Steckley was removed from his cell, and brought to the hallway. He immediately became abusive and uncooperative. Steckley was saying "pussy, bitch, and fucking faggots." He also refused to turn around when asked to do so. Steckley also refused orders to spread his feet out while out of the cell. He made several threats towards us, saying "I swear to God on everything I have that I'm going to beat the shit out of you." He then said when I hit the clock come see me." Steckley continued with his abusiveness by saying "I'm going to suck your dick."

Author's Name-(Print) Jonathan Author's Signature Jonathan

Actions Pending Disposition:

- ☒ Subject Locked in Own Cell
☐ Subject Transferred To _____
☐ Subject Removed From Job Assignment
- ☐ Repair Order Submitted
☐ Pictures Taken
☐ Material(s) Confiscated
- ☒ Other Action 1100
1100

Witnesses: _____

Inmate Notification	Supervisory Review
Copy delivered to Inmate on: Date <u>7-13-17</u> Time <u>1:02</u> By: Name <u>STAPILL</u> Staff Witness <u>Jonathan</u> Inmate Signature <u>Jonathan</u> (Acknowledges Receipt of Copy)	<input type="checkbox"/> Informally Adjusted <input checked="" type="checkbox"/> Referred to Disciplinary Committee <input type="checkbox"/> Notation _____ Supervisor <u>STAPILL</u> Print Name Signature

Original - Treatment

Canary Copy - Department Supervisor

Pink Copy - Inmate

MISCONDUCT CITATION

10

Inmate Name Steckley, Jonathan 2017-3314 Date 7-13-17
 Incident Location Intake hallway Time 0800

Citation

Class	#	Offense	Class	#	Offense
IB	154	Refusal of orders	II	251	Abusiveness
IB	156	Threats	II	252	Disturbance
II	204	Uncooperativeness			

Officer Report

Cont'd. MOMS in my 8 bedroom house. Steckley also said that we should check his record because he is 2 for 2 on lawsuits. Steckley caused a disturbance by yelling throughout the search and then afterwards by yelling out of his cell. End of report.

Officer Signature Unterhauer

Actions Pending Disposition

- ☒ Subject Locked In Own Cell.
☐ Subject Transferred To _____
☐ Subject Removed From Job Assignment.

- ☐ Warning Is Issued
☐ Material(s) Confiscated
☒ Other Action video recorded

Witnesses

Inmate Notification

Copy Delivered To Inmate By

Name [Signature] Date 7-13-17 Time 10:00Staff Witness [Signature]Inmate Signature [Signature]
(Acknowledges Receipt of Copy)

Supervisory Review

Shift Commander Signature [Signature]

- ☐ Informally Adjusted
☒ Referred To Disciplinary Committee
☐ Notation _____

Inmate's Name: Stecky, Jonathon

BCJS #: 2017-3319

Unit/Cell #: D-119

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

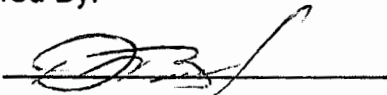
Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-13-2017	0945	Class I, 156 Threats	Zema

Reason for Postponement: Mental Health Review

Delivered By:

Sign:



Print: VanBilliard

Date: 7/14/2017 11:30

CC: ☒ Disciplinary Packet

☒ Inmate

Forms\Universal\Inmate Misconduct Citation-BCJS 506U, 5-2014

1 D119 **BERKS COUNTY JAIL SYSTEM** **APPEAL OF INMATE DISCIPLINARY HEARING**

INSTRUCTIONS: This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John Steckley BCI# 17-3319 Today's Date 7/16/17
Housing Unit and Cell # D-119 Date of your Hearing same

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

As I stated during my hearing, I admit that I took offense to something I misunderstood. I even apologized to the other officer involved. Officer Zema took it upon himself to "confront" me as he called my colleague. I cannot leave my cell and the officer is showing a consistent pattern of harassment with his continuous presence at my cell and organizing/provocative remarks such as "round two" and "are you ready lil man?" which I believe to be sexually implicit. Being that officer Zema began to call me this after strip searching me. I would've apologized to the officer for my misunderstanding but I never got a chance to as he was back at my cell with his partner Unberhauer for as he stated "Round 2"... I have requested "grievances" but to no avail.

Signature [Signature]

.....
ADMINISTRATIVE USE ONLY: Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision: ☒ Appeal Denied ☐ Sentence Reduced ☐ Charge (s) Dismissed

BASIS FOR DECISION:

I have reviewed your appeal and all supporting documents. In addition, I reviewed the video recordings from the Operators. I agree with the Hearing Officer's decision and the sanctions imposed. Therefore, your appeal is denied.

Authorization CDW SMITH

Date 7/18/17

Inmate # 7+3

**BERKS COUNTY JAIL SYSTEM
APPEAL OF INMATE DISCIPLINARY HEARING**

INSTRUCTIONS: This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John Stockley BCI# 17-3319 Today's Date 7/16/17
Housing Unit and Cell # D-119 Date of your Hearing 7/16/17

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

As I stated on pg 1 Officer Zema came back to my cell the next morning accompanied by Linenhauer for the 3rd time in an hour with the intent to provoke me as myself and those around me could clearly hear them discussing this and by Officer Zema's statement of "round 2" meaning a continuation of the fight before. I suffered multiple times all the injuries to my leg, hip, 3 pelvis (reconstructive surgery) and my fear of spreading my legs too far only to have my legs kicked open wider to which at this point I did make a statement about falling and repressions but only after being provoked. "One cannot be guilty of threats if statements are made after being provoked into an act of anger." U.S. Supreme Court All medical records and video as evidence.

Signature [Signature]

ADMINISTRATIVE USE ONLY: Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision: ☒ Appeal Denied ☐ Sentence Reduced ☐ Charge (s) Dismissed

BASIS FOR DECISION:

I have reviewed your appeal and all supporting documents. Additionally, I have reviewed the operator's videos. I agree with the Hearing Officer's decision and the sanctions imposed. Therefore, your appeal is denied.

Authorization [Signature]

Date 7/18/17

5+2 '5

**BERKS COUNTY JAIL SYSTEM
APPEAL OF INMATE DISCIPLINARY HEARING**

INSTRUCTIONS: This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John Steckley BCI# 17-3219 Today's Date 7/16/17
Housing Unit and Cell # D-119 Date of your Hearing 7/12/17

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

This all occurred 15 min after both officers were at my cell for "round 2". I do not find it coincidental that these officers were crying in at the center of all of my problems in this facility. As I've stated I cannot leave my cell unless permitted and this officer had to come to room where their duty permits and yet they are at my cell 4 times in 3-4 days. Who is harassing who? I must suffer the consequences of their actions are my only alternative to file suit? I have asked for advances twice multiple times but to no avail. All is being recorded!

Signature [Signature]

.....
ADMINISTRATIVE USE ONLY: Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision: ☒ Appeal Denied ☐ Sentence Reduced ☐ Charge (s) Dismissed

BASIS FOR DECISION:

I have reviewed your appeal and supporting documents. In addition, I have reviewed the SD's Operator's video. I agree with the Hearing Officer's decision and the sanctions imposed. Furthermore, you have plead guilty to these charges. Your appeal is denied.

Authorization ADW SMITH

Date 7/18/17

= Author: VanBilliard, Daniel
= Date: 8/1/2017 14:25:48
= Inmate: STECKLEY, JOHNATHAN F
= Permanent Number: 2017-3319

They are violating my constitutional rights.

=====

= Author: VanBilliard, Daniel
= Date: 8/1/2017 14:28:23
= Inmate: STECKLEY, JOHNATHAN F
= Permanent Number: 2017-3319

154 Refusal of Orders: I am finding you guilty of refusal of orders based on the unit officers witnessing you refuse to return your arm inside your cell and a planned use of force being necessary to gain compliance.

=====

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/10/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Due to lack of grievances when asked for and the fact that it takes at least 5 days to get to law library, I am submitting this appeal over the 3 day limit and without Supreme court case law that supports the fact that this facility is violating our rights by not affording us 1 ~~meal~~ hot meal a day in summer and 2 hot meals in winter! Feeding us pretrial detainees who have yet to be tried and or convicted of any crime, cold cere out of a wax paper bag and cold cuts for the other 2 dai meals IS willful misconduct, intentional Affliction of Emotional Distress REGARDLESS of what kind of meat or cereal and or sides especially when coupled with other conditions. Please feed inmates in BCP hole same food (on trays) as rest of inmates.

FOR ADMINISTRATIVE USE ONLY

Grievance Response: I am not aware of any statute requiring a certain number of hot meals. Our meals are approved by a dietitian to ensure that nutritional guidelines are met based in unimpaired caloric intake & food groups. We were not ordered to take nutritional off the menus.

Grievance Answered By: James J. Jangles

Date 8/15/17

Grievance # 1071-17

Date Posted 8/15/17

Original: Treatment File

Canary: Return to inmate with response

FORM# REC120 (REV 2/10)

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name

John Steckley

BCP#

17-3319

Cell

D-119

Date

8/2/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

~~At the time I was housed in Sing Sing~~ Since I've been on D block we've been fed Nutrilof 3 x pd during the week and regular meals on the weekends. Since the D.O.C. sent orders to stop this practice your facility has since (7-27-17) begun feeding the inmates housed on D-block (most pre-trial detainees) 3 cold meals daily including weekends out of a paper bag. Due to circumstances to which I can only attribute to a higher power I am a pre-trial detainee with a state number. I am requesting this facility comply with the U.S. Constitution and the U.S. Supreme Court and give us at least 2 hot meals daily. The above mentioned coupled with other conditions were subjected to in plenty to initiate litigation for compensation.

FOR ADMINISTRATIVE USE ONLY

Grievance Response:

No such order was ever sent from the Doc. The Doc does not dictate our menus and their decision to stop Nutrilof ~~and~~ ^{was} created no mandate on County facilities. There is no local, state federal or Constitutional law that states you have any kind of entitlement to a hot meal.

Grievance Answered By:

Cpt. Castro

Date

8/4/17

Grievance #

1071-17

Date Posted

8/4/17

cc: Legal

Original: Treatment File

Canary: Return to inmate with response

FORM# REC120 (REV 2/10)

Cpt. Castro

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/14/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Once again Force is only to be used when the offender escalates the situation by some kind of force or resistance. Force must de-escalate when the offender's force de-escalates. Just because an officer says "stop resisting" or whatever tricks are used to change witness' thoughts of what they seen does not mean the offender or rather in this incident, ~~was~~ the victim was in fact resisting or using substantial force to resist! If this facility followed directives of Supreme Court then I would not have inquired about my right to a hot meal. But for BCI actions, I would not have suffered the traumatic experience that I was subjected to!

FOR AMINISTRATIVE USE ONLY

Grievance Response: I'm cur with Capt. Castro's response. You refused orders for a second time on the date of 7/29/17. You were completely uncooperative with staff. Once you were sprayed & removed from the cell, the staff washed & cleaned you because you wouldn't move on your own. You were decontaminated in the eyes by medical who also verified your vitals. Failing to follow & comply with lawful orders is not the way to voice concerns about a procedure here. I suggest you use appropriate way of voicing concerns as outlined in the Handbook. You must comply with lawful order.

Grievance Answered By: John Tangle Date 8/21/17

cc: Legal
Sv Stult

Grievance # 1089-17

Date Posted 8/21/17

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/4/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

On 7/29/17 between 3:30-4:30pm I was peppered sprayed for a 2nd 3rd time with my back to the officers as I did not pose a threat! It is my understanding that I suffered multiple seizures during this incident only to have my clothes cut off me and paraded through the unit naked and sprayed down with a hose while a female nurse attended to my eyes. I was then dragged into another cell and dumped on the concrete floor naked and denied a shower until the next morning. I believe that as a pretrial detainee this is abuse of excessive force, willful misconduct, 3 Intentional Affliction of Emotional Distress! This was all captured on video. I also spit up blood but none of my injuries were recorded. Requesting no further actions of this kind by staff 3 financial

FOR AMINISTRATIVE USE ONLY

Grievance Response: The incident in question is well documented. It is clear that you caused an escalation of the situation by your refusal to cooperate and follow single orders. I saw no evidence of excessive force used against you. You were treated by medical staff at the time of incident. If you have other medical concerns relative to this incident, please submit a sick slip.

My 16

Grievance Answered By: Cpt. Carter Date 8/8/17

Grievance # 1087-17

Date Posted 8/9/17

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/14/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Again I am submitting this today due to not being able to receive appeal forms or grievance forms when inquiring. They did not cut my clothes and paraded ^{me} up and down the block naked as other inmates watched at their doors. ~~This was not~~ part of a search! This was a blatant PRE violation! We as inmates are expected to adhere to the law, rules and regulations with no questions asked and yet this facility continually on a daily basis willfully violates all of the rules and regulations it deems non-essential to its operation with no regard to consequences! I believe these humiliating actions were done by some guards involved as retaliation of prior grievances filed!

FOR ADMINISTRATIVE USE ONLY

Grievance Response: This form is being accepted as your appeal, so I am not sure what other form you were seeking. Your actions led to the situation that occurred + Capt. Castro's explanation on the grievance form sums it up very accurately. Your refusal of orders started the situation + your failure to (continue) to cooperate led to the events afterward + to be able to keep everyone safe + secure + to ensure you received an evaluation + flushing of eyes by medical.

Grievance Answered By: [Signature]

Date 8/21/17

cc: Legal
Sr Staff

Grievance #

1090-17

Date Posted

8/21/17

BERKS COUNTY JAIL SYSTEM INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17 3319 Cell D-119
Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

During the "extraction" on 7/29/17 I was paraded up and down D block naked in front of my fellow inmates and female nurses violating PREA conditions and subjecting me to Intentional Afflictions of Emotional Distress, Humiliation, ~~and~~ and other injuries as well. This was recorded on video. I want this incident investigated and the officers reprimanded. No inmate, especially another Pre-trial detainee, to ever go through that again and Monetary compensation to be negotiated.

FOR AMINISTRATIVE USE ONLY

Grievance Response: Medical staff was present to provide you with medical care and ensure compliance of their job that does not create a PREA issue. It was your own actions which precipitated and necessitated the use of force which resulted in ^{you} needing to be decontaminated. Your blatant uncooperativeness and refusal to follow simple orders ^{led to} ~~created~~ the reasonable decision to cut your clothing in order for you to be searched for safety reasons and to facilitate the decontamination process. No discussion of compensation will take place.

Grievance Answered By: Cpt. Castro Date 8/8/17

Grievance # 1090-17

Date Posted 8/9/17

Cpt. Cas

= Author: VanBilliard, Daniel
= Date: 8/1/2017 15:42:13
= Inmate: STECKLEY, JOHNATHAN F
= Permanent Number: 2017-3319

154 Refusal of Orders: I am finding you guilty of refusal of orders based on the unit officers witnessing you refuse to retract your arm back in your cell. A planned use of force was necessary to gain compliance.

=====

= Author: VanBilliard, Daniel
= Date: 8/1/2017 15:39:56
= Inmate: STECKLEY, JOHNATHAN F
= Permanent Number: 2017-3319

They are violating my constitutional rights

=====

Berks County Jail System
MISCONDUCT CITATION

Inmate Name Stackley, Johnathan Unit/Cell# 0-119
 Incident Date 7/29/17 BCJS# 17-019
 Incident Location 0-119 Incident Time 12:00
 Date Citation Written 7/29/17 Time Citation Written 12:00

Citation					
Class	#	Offense	Class	#	Offense
I D	154	Refusal of Orders			

Report: On 7/29/17 at approximately 12:00 I offered inmate Stackley Johnathan (ID: 154) his supper at cell Bldg 119. Stackley said that he is not refusing his meal. I then ordered Stackley to get up and take his food. Stackley said he is not getting up and did not accept his food. I then ordered Stackley three times to take his arm back into his cell. Stackley refused all three orders. I then notified the Sgt.

Author's Name-(Print) Conrad Author's Signature [Signature]

Actions Pending Disposition:

- ☐ Subject Locked in Own Cell
☐ Subject Transferred To 0-119
☐ Subject Removed From Job Assignment
- ☐ Repair Order Submitted
☐ Pictures Taken
☐ Material(s) Confiscated
- ☐ Other Action _____

Witnesses: _____

Inmate Notification	Supervisory Review
Copy delivered to Inmate on: Date <u>7-29-17</u> Time <u>1205</u> By: Name <u>Lardis/R</u> Staff Witness <u>Lardis/R</u> Inmate Signature <u>[Signature]</u> (Acknowledges Receipt of Copy)	<input type="checkbox"/> Informally Adjusted <input checked="" type="checkbox"/> Referred to Disciplinary Committee <input type="checkbox"/> Notation _____ Supervisor <u>[Signature]</u> Print Name _____ Signature _____

Original – Treatment

Canary Copy – Department Supervisor

Pink Copy – Inmate

Inmate's Name: Steckley, Johnathan

BCJS #: 2017-3319

Unit/Cell #: D-117

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-29-2017	1620	Class I, 154 Refusal of Orders	Conrad

Reason for Postponement: Mental Health Review

Delivered By:

Sign: Lt. Weber

Print: Lt. Weber

Date: 7/31/2017 12:16

CC: ☒ Disciplinary Packet

☒ Inmate

BERKS COUNTY JAIL SYSTEM
INMATE COMMUNICATION FORM

Inmate Name: John SteckleyBCJ #: 17-3319Unit/Cell #: D-119Date: 8/10/17TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Booking/Mail/Property | <input type="checkbox"/> Custody | <input type="checkbox"/> Inmate Accounts | <input type="checkbox"/> Medical | <input checked="" type="checkbox"/> Warden |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> Deputy Warden | <input type="checkbox"/> Inmate Telephones | <input type="checkbox"/> SOG Commander | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Education | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Treatment | |

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

I was maced WITH MY BACK TURNED TO THE SOG MEMBERS USING NO THREAT! THE SPECTRUM FOR OFFICERS TO ESCALATE FORCE DEPENDING ON OFFENDERS FORCE AND OR ACTION AGGRESSION and vice versa for De-Escalation! Again I could not get any Grievance Appeal Forms, in fact the on duty officers stated they don't even know what that form is. I could not get any regular grievance forms other than the 1 I received today not to mention the date says the brass of this facility was done with my grievance on 8/4/17 and yet I did not receive them back until 8/9/17! WILLFUL MISCONDUCT, WILLFUL NEGLIGENCE (considering medical condition of EPILEPSY) and other TORTS. EXCESSIVE FORCE WAS USED AGAINST ME WHEN I POSED NO THREAT! PLEASE KEEP A VIDEO COPY OF THIS INCIDENT OR IT WILL BE CONSIDERED OBSTRUCTIVE EVIDENCE!

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: [Signature]

RESPONSE:

First of all, I will address the incident of 7/29/17 in the morning. You were given multiple orders to pull your arm inside the food slot & refused. You were then given multiple orders to put both hands out & SOG would have cuffed you to open the door safely. You are well aware of this process. You again refused, so you were sprayed in order to gain compliance. SOG was able to then open door & cuff you. You were wiped down to remove spray & the nurse flushed your eyes. Your cell was cleaned & you were placed back in. As to the form, you were able to use this form to appeal which I have accepted. You did receive at least (3) other grievance forms in the past month which I saw. You were able to raise the issue & it has been reviewed. You are required to follow lawful orders which you were given multiple times. Please comply.

Date 8/21/17 Staff Member (Print) Thugleyand (Sign) [Signature]CC: Grievance # App 1077-17Date: [Signature]

this is not acceptable to have an addressed grievance comply

cc: Legal
 SR stuff

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John Steckley BCP# 17-3319 Cell D-119

Date 8/3/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

On 8/29/17 I had my back turned to the slot in the cell door and posed no threat but yet I was peppered sprayed and received a misconduct between p.m. 4:5 and 11:30 a.m. This is because I defended my right to 2 hot meals a day per the U.S. Supreme Court. I was then forced to spend the night without a shower.

I am asking that an inmate go through this in the future and monetary compensation for willful misconduct and Intentional Affliction of Emotional Distress.

FOR AMINISTRATIVE USE ONLY

Grievance Response: You refused orders to place your arms back into your cell, as you had it sticking out the food slot. The incident was well documented. You were given numerous opportunities to comply before any force was used to gain compliance. You were decontaminated by medical and custody staff. You were placed in an uncontaminated cell with new clothing. I do not enter here requests for compensation.

Grievance Answered By: Cpt. Castro Date 8/4/17

cc: Legal

Grievance # 1077-17

Date Posted 8/7/17

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- | | | |
|---|---|--|
| <input type="checkbox"/> Does not fit criteria for an emergency/sensitive grievance | <input type="checkbox"/> Form is incomplete | <input type="checkbox"/> Resubmit on proper form |
| <input type="checkbox"/> Lacks details | <input type="checkbox"/> Must be completed in English | |

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

on 8/30/17 between 8: and 9:30 pm I was given a mattress that had mace all over it. When I requested to exchange it I was told to deal with it. The actions of the guards forced me to sleep on the concrete slab in cell D-117 because I did not want to have mace all over me again or have trouble breathing due to the condition of the mattress! This was recorded on video! I would like this incident investigated and the officers reprimanded and monetary compensation! Negotiable! I cant see out of my slot and when asked for names officers rarely give them but I know I had Red hair and another was an S.O.C member

FOR ADMINISTRATIVE USE ONLY

Grievance Response: RESUBMIT WITH THE CORRECT DATE AS 8-30-17
HAS NOT OCCURRED YET.

Grievance Answered By: Lt Schenman / Yt. Schen Date 8-17-17

CC: LEGAL

Grievance # 1092-17

Date Posted 8-17-17

Original: Treatment File

Canary: Return to inmate with response

FORM# REC120 (REV 2/10)

Lt. Schen

CC

mr

**BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM**

Inmate Name John SteckleyBCP# 17-3319 Cell D-119Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
- ☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

on 8/30/17 between 8 and 9:30 pm I was given a mattress that had mace all over it. When I requested to exchange it I was told to deal with it. The actions of the guards forced me to sleep on the concrete slab in cell D-117 because I did not want to have mace all over me again or have trouble breathing due to the condition of the mattress! This was recorded on video! I would like this incident investigated and the officers reprimanded and monetary compensation! Negotiable!

I can't see out of my cell and when asked for names officers rarely give them but I know I had red hair and another was an S.O.C member

FOR AMINISTRATIVE USE ONLY

Grievance Response: RESUBMIT WITH THE CORRECT DATE AS 8-30-17
HAS NOT OCCURRED YET.

Grievance Answered By: LT Schenon / Lt. Schenon Date 8-17-17

CC: LEGAL

Grievance # 1072-17Date Posted 8-17-17

BERKS COUNTY JAIL SYSTEM
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119
Date 8/20/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

- ☐ Does not fit criteria for an emergency/sensitive grievance ☐ Form is incomplete ☐ Resubmit on proper form
☐ Lacks details ☐ Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

If it wasn't for the numerous wrongs this facility afflic myself and other pre-trial detainees on a daily basis maybe I could think straight! One of the guards names were Johnson of the S.O.G. team and this is only because another inmate described him to me as we cannot see out of our cells due to the metal slots that are locked on our doors. I was in cell #117 at the time stated and the date was 7/30/17 between 8pm-7:30pm! This facility has been put on notice that I have severe physical injuries including titanium in my pelvis and reconstructive surgery on my hip as well as slipped disc in my back amongst other injuries.

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Grievance Response:

Misclassified as an appeal, but actually corrected information requested by Lt. Scherer. Forwarded to Lt. Scherer on 8/25/17. ~~8/25/17~~ Lt. Costa 8/25/17
OFFICER JOHNSON STATED YOU WILLINGLY REFUSED THE MATRESS ON 7-30-17 EVEN AFTER IT WAS EXPLAINED THAT THERE WASNT ANY "MACE" ON IT. OFFICER JOHNSON SAID THE SPOT ON THE MATRESS YOU WERE REFUSING TO WAS A RUST SPOT AND NOT "MACE". YOUR LIST OF INJURIES, DEMAND FOR OFFICIAL DISCIPLINE AND MONETARY COMPENSATION HAVE BEEN NOTED BUT WILL NOT BE ENTERTAINED IN THIS RESPONSE.

Grievance Answered By:

LT SCHERER/H. Scher

Date

9-5-17

CC: LEGAL

Grievance #

1092-17

Date Posted

9-5-17

updated 9-5